



WASHINGTON DEPARTMENT OF FISH AND WILDLIFE
600 CAPITOL WAY NORTH
OLYMPIA, WASHINGTON 98501-1091

FISH TRANSPORT APPLICATION/PERMIT

To Import, Export, Transfer, or Stock Live Fin Fish, Viable Eggs or Gametes
(Please print or type Items 1-5)

1. Type of application: ☐ Import ☐ Export ☐ Transfer ☐ Stocking (Fee: \$24.00)

2. Name of Applicant _____ Phone number(____)_____

Mailing address _____ City _____ State ____ Zip _____

WDFW Aquatic Farm Registration # (for commercial aquaculture facilities only) _____

3. Species _____ Number (fish or eggs)_____

4. Destination (name of facility/receiving waters)_____

County _____ Sec. _____ Twnshp. _____ Rng. _____

5. Source of fish/eggs: Facility name _____ Phone number (____)_____

Physical Location _____ City _____ State ____ Zip _____

Mailing Address _____ City _____ State ____ Zip _____

WDFW Aquatic Farm Registration # (for commercial sources in Washington) _____

6. Stocking Fee \$24.00. Refundable if application is not approved.

7. Applicant's Signature _____ Date _____

NOTE: It is unlawful to transport or stock fish without a permit issued by the Director or his/her designee.
Failure to comply with any provisions of this permit or to perform any act not included in this permit shall be grounds for revocation of this permit and shall constitute a gross misdemeanor.

INFORMATION BELOW TO BE COMPLETED BY WDFW PERSONNEL

Provisions _____

_____ Expiration date _____

☐ Additional provisions attached

Stocking Permits Only:

_____ These fish may be taken by any person possessing a legal fishing license and in conformance with seasons, bag limits, and rules established by the Washington State Fish and Wildlife Commission.

_____ This permit will allow the taking of these legally obtained and stocked fish without controls of bag limits, seasons, license requirements and is limited to personal use only.

Approved ☐ Not approved ☐ Regional Fish Prog. Manager _____ Date _____
(For stocking permit only. If source is WDFW certified, no additional signatures required)

Approved ☐ Not approved ☐ Fish Health Manager _____ Date _____

Approved ☐ Not approved ☐ Aquaculture Coordinator _____ Date _____